Name & Return Address

_____

_____

_____

Revocation and Re-designation
Of Disclosure of
Discharge Papers

Please print legibly or type information.

The undersigned veteran of the United States Armed Forces does hereby revoke and terminate the Request for Disclosure of Discharge Papers recorded in _____County under auditor's file number _____.

Further, in accordance with RCW 42.17.310, the undersigned designates the individuals listed below to access his / her discharge papers recorded in _____County under auditor's file number(s) _____ /_____.

DESIGNEE:

Last Name	First Name	MI	
Last Name	First Name	MI	
Last Name	First Name	MI	
Last Name	First Name	MI	

_____ _____

Signature of Veteran **Date**

FORM: VET 3 (Recording Fee 0.00)